

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	SC13102TP
	First Inventor:	Srikanth B. Samavedam
	Title:	METHOD OF FORMING AN NMOS TRANSISTOR AND STRUCTURE THEREOF
	Express Mail Label No.:	EV182700968US

22388 U.S. PTO  
10/696346



<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27
3. ☒ Specification [Total Pages 16 ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or computer program listing appendix
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1 ]
5. Oath or Declaration [Total Sheets 5 ]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-4 (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement, PTO/SB/08 & <input type="checkbox"/> 3 Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number	<u>23125</u>	or	<input type="checkbox"/> Correspondence address below		
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
Name	Joanna C. Chiu	Registration No.	43,629		
SIGNATURE			Date	<u>10/29/03</u>	

SC13102TP

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Srikanth B. Samavedam
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 1130)	Attorney Docket No.	SC13102TP

<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502117</b> Deposit Account Name <b>Motorola, Inc.</b> <b>The Director is authorized to:</b> (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.	<b>FEE CALCULATION</b> (continued)
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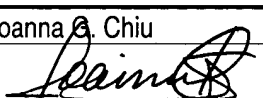
  

<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					(\$ 770)
<b>2. EXTRA CLAIM FEES</b>					
<div style="display: flex; justify-content: space-between;"> <div>             Total Claims      33              Independent Claims      4           </div> <div>             Previously Paid**      20              3           </div> <div>             Extra Claims      13              1           </div> <div>             Fee from below      18              86           </div> <div> <b>Fee Paid</b>              234              86           </div> </div>					
Multiple Dependent      290 =					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	* Reissue independent claims over original patent	
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					(\$ 320)
**or number previously paid, if greater; For Reissues, see above.					

<b>3. ADDITIONAL FEES</b>					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late Provisional filing	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte Reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1480	2254	740	Extension for reply within fourth month	
1255	2010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1330	2453	665	Petition to revive – unintentional	
1501	1330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of IDS	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
<b>SUBTOTAL (3)</b>					(\$ 40)
* Reduced by Basic Filing Fee Paid					

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Joanna A. Chiu	Registration No.	43,629
Signature		Telephone	(512) 996-6839
		Date	10/29/03